



## PART B - FEE(S) TRANSMITTAL

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B8

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5514 7590 08/06/2003

FITZPATRICK CELLA HARPER & SCINTO  
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 NEW YORK, NY 10112

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09/12/2003 TTRAN2 0000029 09447307

|            |            |
|------------|------------|
| 01 FC:1501 | 1300.00 OP |
| 02 FC:1504 | 300.00 OP  |
| 03 FC:8001 | 15.00 OP   |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/447,307      | 11/23/1999  | KEITA OSHIMA         | 35.C14054           | 3655             |

TITLE OF INVENTION: IMAGE FORMING APPARATUS FOR PERMITTING IMAGE FORMATION IN ACCORDANCE WITH IMAGE ATTRIBUTE, AND CONTROL METHOD THEREFOR

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1300    | \$300           | \$1600           | 11/06/2003 |

| EXAMINER        | ART UNIT | CLASS-SUBCLASS |
|-----------------|----------|----------------|
| EVANS, ARTHUR G | 2622     | 358-001900     |

|  |   |
|--|---|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).   | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |
| <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  | <input type="checkbox"/> Fitzpatrick, Cella,  |
| <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | <input type="checkbox"/> Harper & Scinto  |
|  | 3. _____  |

### 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CANON KABUSHIKI KAISHA

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent)  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee

A check in the amount of the fee(s) is enclosed.

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Advance Order - # of Copies 5

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(Authorized Signature) *[Signature]* (Date) *Reg. No. 50,957 9/10/03*

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